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ABSTRACT

As a part of the Final Report of the National Study of American Indian Education, this document presents data related to suicides among Indians. Its purpose is to contribute to a better understanding of the problems of Indians in this society. An overall comparison of Indian and non-Indian suicide rates indicates no difference with reference to ethnicity, but there are significant differences with respect to age and sex. Suicide rates for American Indian males are higher for men under 45 than for American white males; however, for men over 45, the whites have a much higher incidence of suicide. The document states that there is no evidence relating suicide rate to the Indian's kind of schooling, but suicide rate is related to disorganized family life, alcoholism, and loss of friends and relatives by death. It is concluded that the high suicide rate of young Indian men should be taken as a symptom of something wrong in their society and that an improvement in the socio-educational situation of Indians would probably reduce this symptom. (AN)

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Final Report

THE EXTENT AND SIGNIFICANCE OF SUICIDE AMONG AMERICAN INDIANS TODAY

Series III
No. 1

By Robert J. Havighurst

March, 1970

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NATIONAL STUDY OF AMERICAN INDIAN EDUCATION

The attached paper is one of a number which make up the Final Report of the National Study of American Indian Education.

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The Final Report consists of five Series of Papers:

I. Community Backgrounds of Education in the Communities Which Have Been Studied.

II. The Education of Indians in Urban Centers.

III. Assorted Papers on Indian Education--mainly technical papers of a research nature.

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The National Study of American Indian Education

THE EXTENT AND SIGNIFICANCE OF SUICIDE AMONG AMERICAN INDIANS TODAY

Widespread concern about the economic and social situation of American Indians has resulted in a good deal of soul-searching on the part of the white "establishment" in recent years. Serious efforts are being made to get at the basic causes of the problem, with the expectation that the federal government and the several state governments, as well as private agencies, will move to reduce the disadvantages of the Indian people.

Among other efforts to understand the problems of Indians, a United States Senate Special Subcommittee on Indian Education worked between 1967 and 1969, held several hearings in various parts of the country, and collected a number of studies and statements which were published in ten volumes. This set of materials, some previously unpublished, provides a good deal of information. It presents a variety of points of view, and the studies which purport to be scientific have various degrees of care and scientific sophistication behind them.

Among these materials are several which report suicides among Indians, and, directly or by implication, relate suicides to the kind of education the Indians have received, especially in federal government schools for Indians. Some free-lance writers have used these studies as a basis for charging the Government Bureau of Indian Affairs with mishandling Indian children and youth especially in Indian boarding schools.

In the judgment of this writer, most of the charges based on suicide data are without basis in fact or in what we know about mental health. There is much to criticise in the schooling of Indian children whether in schools operated by the Bureau of Indian Affairs or in ordinary public schools which now serve some 65 percent of Indian youth; but suicide rates give no useful basis for judging the quality of schooling for Indians.

Since there is so much interest in the matter of suicide among Indians, the writer has drawn together a good deal of the data and presented them in this article as a contribution to a better understanding of the problems of Indians in this society.

Extent of Suicide Among American Indians

The Public Health Service reports that the suicide rate for Indians of all ages is about 11 per 100,000 and for the total population of the United States the rate is almost the same, 10.8 per 100,000.(4) This figure is fairly stable from year to year for the total United States population, but it fluctuates somewhat for Indians, probably because the numbers are small. For the years from 1959 through 1966, the actual number of suicides reported for Indians ranged from 59 to 72, with an average of 63.5. It is this average over an eight-year period which is the basis for the figure given above--11 per 100,000.

Thus, an over-all comparison of Indian and non-Indian suicide rates indicates that there is no difference. But there are significant differences with respect to age and sex.

The Indian suicide rates are higher for adolescents and young adults than are the rates for non-Indians; but this is balanced by a lower Indian suicide rate for people aged 45 or over. This is seen in Table 1.

The male suicide rate is almost 5 times as high as the female rate for Indians, but about 2.7 as high as the female rate for the total population. Table 2 shows the male and female suicide rates for Indians, averaged over the eight-year period from 1959-66 inclusive, compared with the 1965 rates for the United States population as a whole. The rate for Indian women was 3.8 per 100,000 population, compared with 6.1 for all women in the United States.

The relatively advantaged situation of older adult Indians and of Indian women with respect to suicide rates has been pretty much ignored by people writing about problems of Indian life and education, while they emphasize the relatively high suicide rates of Indian adolescent and young adult males.

Interpretation of Suicide Data

If we should attempt to use the suicide rate as an index of mental health, we should conclude that (1) Indian male adolescents and young adults have poorer mental health than the average for the American population, but Indian adults over 45 have better mental health than the average American, and (2) Indian females have better mental health than non-Indian females in the United States.

However, in the absence of an operational definition of mental health, and since suicide rate has not been proved to be a good index of mental health, the writer is inclined to doubt the usefulness of speculation about the mental health of Indians, based on the suicide rate.

Suicides and Type of Schooling. The suicide rate from age 15-19 is about 4 times as high for Indian as for non-Indian youth. Some writers about Indian education have sought to tie this fact to the type of schooling received by Indian youth. In particular, they have claimed that attendance at federal boarding schools has a bad influence on the mental health of children and youth, and they have implied that the suicide rate is related somehow to boarding-school attendance.

This claim appears to have no basis in fact. The incidence of suicide in boarding schools is very low. In fact, suicides at boarding schools are so infrequent that many experienced boarding-school directors have never known a case throughout their career in boarding school work.

Suicide Episodes. The history of suicide among young people in various countries points to some cases of a kind of contagious suicide. Small epidemics break out, consisting of two or three or even more cases close together in time and place. This seems to have happened several times among Indian youth, and each episode has been publicised in a way that encourages the reader to believe that this was not an episode, but was a typical recurring phenomenon. For instance, there was such an epidemic at Fort Hall, Idaho, among the Shoshone-Bannock Indians, who numbered about 2,600. In the seven years from 1960 through 1966 there were 15 suicides in this community, 13 of them being under 35 years of age. (2, 6). Dr. Dizmang, who analyzed this phenomenon, found that most of the suicides

culminated an experience of family demoralization, death of persons near to the individual, and excessive alcohol consumption. The seven-year record gave a suicide rate of 83 per 100,000. But the Navaho data over a 10year period give a suicide rate of 10.3 per 100,000, which is close to the national average for whites.

A quotation from the report of Dr. Dizmang gives some indication of the complexity of the problem of suicide of young men in an economically deprived community.

> "No attempt will be made to draw statistical conclusions from the following data which was collected since in many instances it was not possible to confirm the accuracy of the information. However, when one compares the suicide group with an age-comparable group of high school graduates from the same population there seem to be several observations that stand out sharply enough to be worth noting.
>
> "The suicide group had over five times as many arrests as did the group of high school graduates and over half of the arrests in the suicide group were for alcohol intoxication. The other apparently significant observation is drawn from a comparison of the suicide and high school graduate groups with respect to the number of family deaths experienced in each group. In the high school graduate group there is a range of zero to 3 deaths per individual in what was considered to be the immediate family or significant others, with an average of one death per individual. In the suicide group there was a range of 1 to 8 deaths with an average of 3 deaths of significant others experienced by each individual before the suicide occurred.
>
> "It is also striking that when one compares the suicide group to an age-matched group of individuals with 20 or more arrests for alcohol intoxication there seems to be a similar family death experience. This observation is in agreement with studies which show that in the general population 25% of all suicidal deaths occur in alcoholics. It has been demonstrated that a high percentage of these alcoholics who do suicide have experienced a significant loss within six weeks prior to the suicide. The data collected for the Fort Hall group seems clearly to associate excessive alcohol consumption, significant loss and suicide.
>
> . . . . There is no simple solution to these problems. It does seem possible to identify a high risk group in which a large percentage of the suicides and other self-destructive behaviors, including alcoholism, will occur. These individuals usually show grossly deviant school or social behavior from an early age. Their family life experiences often show patterns of instability, significant object loss, parental alcoholism and depression. These early life experiences severely handicap or arrest the normal psychological developmental processes in the child; if these developmental failures are severe enough the individual is likely to experience an extreme sense of alienation and depression by the time he reaches adolescence." (2, pp.2351, 2355)

In a follow-up of the Fort Hall experience, the author inquired of Joyce Hernandez (Chairman of the Education Committee, Shoshone-Bannock Tribes) concerning suicides at Fort Hall since 1967, who replied, "In the fall of 1967 we had a young youth who hung himself while serving time in jail. It became nationally known, due to the fact that Senator Kennedy made his visit here shortly after it happened. Suicide was determined on another young man who was supposed

to have placed himself on the railroad tracks. There has been doubt on this case. This last case was a young man in his thirties who shot himself. Family problems were very evident."*

*Personal communication to the writer. December 10, 1969.

Thus the annual suicide rate in this community for the 10-year period from 1960-69 inclusive is 18/26,000 or 69 per 100,000 population. This illustrates the fluctuation of the suicide rate when a small population is studied.

Another example of the epidemic quality of suicide data is given in the case of the Quinault Indians, who live partly in a small community on the Olympic peninsula of Washington. In 1964, Mr. Harold Patterson, Superintendent of the school district at Taholah, Washington, the Quinault community, presented to the U.S. Senate Subcommittee on Indian Education a memorandum entitled "Suicide Among Youth on the Quinault Indian Reservation."(3) He commenced with this statement: "My interest in this subject is occasioned by the fact that I have been in close contact with three youths who have killed themselves within the past two years (1962-64), and with about 12 others who have either attempted or threatened to do the same." This statement was picked up and used by several writers and speakers as evidence of a high suicide rate in the Quinault area. But Mr. Patterson wrote as follows in 1969: "Contrary to what might be expected, occurrences of suicide have dropped to zero at Taholah. There have been recurrences of attempted suicide, some of which have been very close, but I cannot recall one successful suicide attempt since August, 1965."#

#Personal communication to the writer, August 21, 1969.

He attributed the reduction of suicides to the Quinault Tribal Community Action Program operating under the federal Office of Economic Opportunity. This program provided local recreation facilities; and other programs also came to raise the morale of Quinault youth, such as the Neighborhood Youth Corps, the Educational Counseling program, and the Health Services Program.

Comparison of Indian and White Suicide Rates for Youth and Young Adults

The comparative data of Table 1 indicate without question that the suicide rates for young male Indians aged 15-34 are three to four times as high as the rates for whites. However, the Indians are different in socioeconomic status from the average SES of the whites, and this fact should be taken into account in the interpretation of these comparisons.

In the United States there is a relation between suicide and occupation or income, with men of lowest occupational status or income having the highest suicide rates. Since the average occupational status and income of Indian males is about the same as that of unskilled white males, we should expect the Indian suicide rate for all Indians to be higher than the white rate for all whites. The U.S. National Office of Vital Statistics computed "standardized mortality ratios" for various causes of death, for white males in the labor force, aged 20-64, in 1950. The rate for laborers was 1.5 times as high as the rate for all occupations.(5) More recent data have been published by the Cook County (Chicago) Health Department,(1) which give the suicide rate for the years 1959-63 for white males of "lower" SES as being 1.6 times as high as the rate for "middle" status white males; and the rates for non-white males (almost all Negroes) to be 1.5 as high for the "lower" as for the "middle" status group.

Thus some of the differences between Indian suicide rates and white rates can be attributed to the socioeconomic differences between the two groups.

Conclusions

The facts are fairly clear, but the conclusions much less so. When suicide rates of Indian males are compared with rates for white males in the United States, the rate for men under 45 shows a higher incidence of suicide among Indians, but for men over 45, the whites have a much higher incidence of suicide. There is much less difference between the suicide rates for Indian and white women, with the Indian rate definitely lower.

The difference between Indian and white male suicide rates is partly, but only partly, explained by the difference in average socioeconomic status of the two groups, since lower status men have higher suicide rates in the USA than middle status men. There still remains a difference, with young Indian males having suicide rates approximately twice those of young white males, when socio-economic differences are controlled.

There is no evidence relating suicide rate to the kind of schooling an Indian youth has had. In general, the Indian suicide rates are closely correlated with disorganized family life, alcoholism, and loss of friends and relatives by death.

The relatively high suicide rate of young Indian men should be taken as a symptom of something seriously wrong with the society in which they live. Probably an improvement in the socio-educational situation of Indians will reduce this symptom. It will require a complex of changes, which include changes in the schools as a necessary part.

Table 1

SUICIDE RATES FOR INDIANS AND ALL AMERICANS BY AGE GROUP

Age	Suicides per 100,000 persons per year		
	Indians* (1963-67)		Total U.S. (1965)
	Number	Rate	Rate
10-14	6	1.5	0.5
15-19	44	16.6	4.0
20-24	72	39.0	9.0
25-34	91	31.9	12.4
35-44	61	25.9	16.0
45-54	27	15.0	20.5
55-64	20	16.1	22.6
65 plus	13	10.5	22.9
All ages	341	11.6	11.2

*The Indian data come from only the 24 states which contain Indian reservations, with probably 90 percent of the total Indian population.

Source: U. S. Public Health Service. Vital Statistics, 1965. Indian data provided by Dr. Michael Ogden, Indian Health Service, U. S. Public Health Service.

Table 2

SUICIDE RATES FOR INDIANS AND ALL AMERICANS BY SEX

	Indians (1959-66)			Total USA (1965)
	Average Number of Suicides per Year	Population (estimate)	Rate	
Male	52.5	290,000	18.1	16.3
Female	11.0	290,000	3.8	6.1

Source: U. S. Public Health Service. Vital Statistics of the United States

R E F E R E N C E S

1. Maris, Ronald. "Suicide, Status and Mobility in Chicago," Social Forces, 46:246-256 (1967).

2. Dizmang, Larry H., M. D. "Observations on Suicidal Behavior among the Shoshone-Bannock Indians," U. S. Senate Special Subcommittee on Indian Education. Part 5, 1968, pp. 2351-2355.

3. Patterson, Harold L. "Suicide among Youth on the Quinault Indian Reservation," U. S. Senate Special Subcommittee on Indian Education. Part 5, 1968, pp. 2016-2021.

4. Rabeau, Irwin S., M. D. (Chief of Indian Health, U. S. Public Health Service). Testimony before the U. S. Senate Committee on Appropriations, March, 1968. Senate Hearings. 90th Congress, Second Session, Part 2, pp. 1685-1687.

5. U. S. National Office of Vital Statistics. Mortality by Occupation and Cause of Death. Males in Labor Force, age 20-64, 1950. Vol. 53, No. 3, 1963.

6. Watson, Jane. "The Etiology of Suicide at Fort Hall," U. S. Senate Special Subcommittee on Indian Education. Part 5, 1968, pp. 2367-2371.